

Valdosta State University Employee Authorization Agreement for Automatic Deposits

INSTRUCTIONS:

1. PLEASE PRINT ALL INFORMATION LEGIBLY
2. Attach a voided check or an account direct deposit form from your bank. Deposit slips and/or starter checks are not accepted for direct deposit activation.
3. Sign and date the form then return to the Payroll Office, University Center.
4. Notify Payroll of any account changes or account closings immediately. Please note that this form is for employees only – any changes related to your student account should be submitted to the bursary.

EMPLOYEE INFORMATION

First Name	Last Name
ADP Employee ID	Contact Number and VSU Email Address @valdosta.edu

BANK INFORMATION

Check ONLY one: Set-up New Direct Deposit (Please note that the first paycheck is typically a paper check mailed to the address listed in the ADP self-service portal)

Checking or Savings

Modification of Existing Direct Deposit (making a change may cause your next payroll check to be a paper check mailed to the address listed in the ADP self-service portal – please be sure your address is updated)

****Account #1 – This is your main account. If you have multiple accounts, the balance of your net pay will be deposited into this account. If you receive a travel reimbursement, it will be deposited into this account****

Financial Institution Name	
Routing Number	Account Number
Type of Account (Please check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount (\$) or Percent (%)

Account #2

Financial Institution Name	
Routing Number	Account Number
Type of Account (Please check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount (\$) or Percent (%)

AUTHORIZATION

I hereby authorize Valdosta State University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account(s) indicated above and the financial institution named above to credit and/or debit the same to such account. This authority is to remain in effect until Valdosta State University has received WRITTEN notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Employee Signature _____
Date

Return to: Payroll Office, University Center